

Sample screening questionnaire

Instructions

Please send the completed form along with your sample. Depending on your separation requirements we need an adequate quantity of sample. Please inquire if you need a signed confidentiality agreement before you send us your sample.

Contact information

Name:
 Company:
 Address:
 City:
 State: Zip code:
 Country:
 Phone:
 Fax:
 E-Mail:

Separation requirements

Analytical: ☐
 Preparative: ☐ mg ☐ g ☐ kg
 SMB: kg

Compound information

Name:
 Structure:

If the structure can not be disclosed,
please specify at least the functional groups.

MSDS available?

☐ Yes ☐ No

If yes, please include a copy with your sample.

Hazardous material?

☐ Yes ☐ No ☐ Unknown

Physical appearance

☐ Powder ☐ Waxy ☐ Oil

UV (max): nm

Stability

	Stable	Decomp.	Unknown
Light	☐	☐	☐
Moisture	☐	☐	☐
Temp > 40°C	☐	☐	☐
Temp > 20°C	☐	☐	☐
pH 7	☐	☐	☐
pH < 5	☐	☐	☐
pH > 9	☐	☐	☐

Solubility

	Soluble	Insoluble	Unknown
Water	☐	☐	☐
Methanol	☐	☐	☐
Ethanol	☐	☐	☐
2-Propanol	☐	☐	☐
Acetonitrile	☐	☐	☐
CH ₂ Cl ₂	☐	☐	☐
Hexane	☐	☐	☐

Already known chromatographic data

	Column name	Mobile phase	Comments
1.			
2.			
3.			

General information

Do you want your sample returned?

☐ Yes ☐ No

All samples will be destroyed after the screening.

Do you allow an Application Guide record?

☐ Yes ☐ No

KNAUER would highly appreciate the opportunity of obtaining your permission to reference your material in our Application Guide.

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